Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Effective on 12/08/200 Complete if Known Fees pursuant to Consolidated Appropriations APT 2005 (H. Application Number 09/903,825 Filing Date July 11, 2001 **FEE TRANSMITTAL** First Named Inventor Robert E. Duthie, Jr. E.L. McKane For FY 2005 **Examiner Name** ■ Applicant claims small entity status. See 37 CFR 1.27 Art Unit 1744 35553.0000 Attorney Docket No. TOTAL AMOUNT OF PAYMENT (\$)250.00 METHOD OF PAYMENT (check all that apply) ☐ Money Order □ None ☐ Other (please identify): □ Check□ Credit Card Deposit Account Number: 08-2442 Deposit Account Name: Hodgson Russ LLP ■ Deposit Account For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) ■ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee ■ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES SEARCH FEES EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Utility 250 200 100 300 150 500 Design 200 100 100 50 130 65 Plant 200 100 300 150 160 80 Reissue 600 300 300 150 500 250 Provisional 200 100 n **Small Entity** 2. EXCESS CLAIM FEES Fee (\$) Fee (\$) **Fee Description** Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 25 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 100 180 Multiple dependent claims 360 Extra Claims Fee Paid (\$) **Multiple Dependent Claims Total Claims** Fee (\$) -20 or HP = 225 Fee(\$) Fee Paid (\$) HP = highest number of total claims paid for, if greater than 20 Indep. Claims Extra Claims Fee Paid (\$) -3 or HP = HP = highest number of independent claims paid for, if greater than 3 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee Paid (\$) **Total Sheets** Extra Sheets Fee (\$) - 100 = (round up to a whole number) 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) \$250.00 Other: Notice of Appeal SUBMITTED BY Registration No. Telephone 716-856-4000 **SIGNATURE** (Attorney/Agent) 24,926 Date May 2, 2005 NAME (Print/Type) Martin G. Linihan I hereby Certify that this Correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents,

Name

May 2, 2005

Date of Signature

Martin G. Linihan

P.O. Box 1450, Alexandria, Virginia 22313-1450, on May 2, 20054

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|--|---|-------------------|--|
| NOTICE OF APPEAL FROM THE EXAMINER TO THE  |   | Docket Number     |  |
| BOARD OF PATENT APPEALS AND INTERFERENCES 35553.0000   |   |                   |  |
| I hereby certify that this correspondence is being deposited with the United States Postal Service with  |   |                   |  |
| sufficient postage as first class mail in an envelope addressed to the: Commissioner for Patents, P.O. Box   | Application Number 09/903,825                                   |                   | Filed July 11, 2001  |
| 1450, Alexandria, Virginia 22313-1450  | For Micro-Organism Reduction In Liquid By Use Of A Metal Halide |                   |  |
| on May 2, 2005 Signature   | Ultraviolet Lamp  |                   |  |
| Typed or   |   |                   |  |
| Printed Name Martin G. Linihar MAY 0 5 2005  | Group Art Unit 1744   | Examiner E.I      | L. McKane  |
| Applicant hereby appeals the Board of Patent Appeals and Interferences from the last decision of the examiner.   |   |                   |  |
| The fee for this Notice of Appeal is (37 CFR 1   | .17(b))   |                   | \$ 500.00  |
| ••   | • • •   | _                 |  |
| Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:  \$\frac{250.00}{2}\$                                      |   |                   |  |
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| The Director has already been authorized to charge fees in this application to a Deposit Account. I have enclosed a duplicate copy of this sheet.  |   |                   |  |
| The Director is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. <u>08-2442</u> .  I have enclosed a duplicate copy of this sheet. |   |                   |  |
| A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.   |   |                   |  |
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| I am the   |   | //with            | 1 Linkou   |
| ☐ applicant/inventor☐ assignee of record of the entire interest.   | Signatu   | re                | The state of the s |
| (See 37 CFR 3.71. Statement under 37   |   |                   |  |
| CFR 3.73(b) is enclosed. (Form PTO/SB/   |   | G. Linihan        |  |
| attorney or agent of record.  Registration number  | Typed o   | r printed name    |  |
| □ attorney or agent acting under 37 CFR 1.34(a)  |   | 18-1367           |  |
| Registration number if acting under 37 CFR 1.34(a)   |   | ne Number         |  |
|  | May 2   | 2, 2005           |  |
|  | Date  |                   |  |
| NOTE: Signatures of all the inventors of record of the entire interest or their representative(s) are required.  |   |                   |  |
| Submit multiple forms if more than one signature is required.  |   |                   |  |
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|  |   |                   |  |
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